

~~SECRET~~

NOTIFICATION OF E. LISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				FILE NO. 8065	
TO: (Check)	☒	CHIEF, CONTROL DIVISION, OP		SS NUMBER 067-18-0743	
	☐	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 064818	
	☒	CHIEF, DDO (OPERATING COMPONENT FOR ACTION) ATTN: SUPPORT STAFF		ID CARD NUMBER	
REF. RETIREMENT (CIA)			OFFICIAL COVER	☐ ESTABLISHED	
STATUS ☒ STAFF ☐ CONTRACT				☒ CANCELLED	
				☐ CONTINUED	
SUBJECT JOANNIDES, GEORGE E.			UNIT		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☐ ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		☒	CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)	
☐ BASIC COVER PROVIDED EFFECTIVE DATE _____		☒	EFFECTIVE DATE: EOD	
☐ OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		☒	FORM 3254 _____ CIA _____ W-2 TO BE ISSUED (HHB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)		☒	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 2 (HHB 20-7)	
		NA	EAA: CATEGORY I _____ CATEGORY II _____	
FORM 3254 _____ W-2 TO BE ISSUED. (HHB 20-11)		☒	RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		☒	SUBMIT FORM 2688 FOR _____ GEHA HOSPITALIZATION CARD.	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK -		
EAA. CATEGORY I _____ CATEGORY II _____		THIS AREA MUST REMAIN TOP OF FILE		
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD				

REMARKS AND/OR COVER HISTORY

Subject will be acknowledged as CIA for entire
period of employment and is not to reveal specific
places or locations of cover assignments.

DISTRIBUTION:
COPY 1 - CD/TRB OR CPD CONTROL
COPY 2 - OPERATING COMPONENT
COPY 3 - OS/SRD
COPY 4 - OC/DO/TFB
COPY 5 - CCS-FILE

GN:mg

CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

113